Mark A. Fahleson Attorney at Law

#### Rembolt Ludtke

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Rembolt Ludtke LLP

Attorneys at Law

Lincoln · Seward

September 9, 2015

#### **VIA UPS NEXT DAY AIR**

Federal Election Commission 999 E Street, NW Washington, DC 20463

RE: Form 1, Statement of Organization - Unlimited Contributions

Dear Sir/Madam:

This committee intends to fundraise and make independent expenditures consistent with the U.S. Court of Appeals for the District of Columbia Circuit's decision in SpeechNow v. FEC. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Sincerely,

Mark A. Fahleson

4836-1479-1464, v. 1

# 

**FEC** 

Only

#### STATEMENT OF **ORGANIZATION**

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(Revised 02/2009)

FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Time for Choosing 1128 Lincoln Mall ADDRESS (number and street) Suite 300 (Check if address is changed) ncoln <sub>1</sub>68508 CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) mfahleson@remboltlawfirm.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) Iwww.defeatdonaldtrump.com (Check if address is changed) DATE FEC IDENTIFICATION NUMBER IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Mark A. Fahleson Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use

Toll Free 800-424-9530

Local 202-694-1100

FEC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>				
TYPE OF COMMITTEE						
Candidate Committee:						
(a) <u></u>	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Candidate	me of ndidate					
Candidate Party Affiliati	on Office House Senate President	State District				
(c)						
Name of Candidate		 				
Party Con	nmittee:					
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Political A	action Committee (PAC):					
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:				
	Corporation Corporation w/o Capital Stock	Labor Organization				
	Membership Organization Trade Association	Cooperative				
	In addition, this committee is a Lobbyist/Registrant PAC.					
(f) ×	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party				
	In addition, this committee is a Lobbyist/Registrant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joint Fundraising Representative:						
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	•				
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for trecommittees/organizations, none of which is an authorized committee of a federal candidate.					
Com	Committees Participating in Joint Fundraiser					
1.		V V V V V				
. <b>2</b> .	FEC ID number C					
3.	FEC ID number C					
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Α	T	ime	for	Cho	osing
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Write or Type Committee	e Name				
A Time for C	hoosing	·			
6. Name of Any Conne	ected Organization, Affiliated Committee, Joint Fundraising Representative	, or Leadership PAC Sponsor			
Mailing Address					
	CITY STATE	ZIP CODE			
Relationship: Co.	nnected Organization Affiliated Committee Joint Fundraising Represent	ative Leadership PAC Sponsor			
	s: Identify by name, address (phone number optional) and position of the p	person in possession of committee			
books and records.					
Full Name	ark A. Fahleson				
Mailing Address	1128,Lincoln, Mall	<u> </u>			
	Suite 300	1 1 1 1 1 1 1 1 1 1 1			
	Lincoln,	68508    -			
Title or Position	CITY STATE	ZIP CODE			
The of Fosition	OIT SIME	ZIF GODE			
Treasurer	Telephone number				
	<del> </del>				
	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).				
Full Name of Treasurer	ark A. Fahleson	<u> </u>			
Mailing Address	[1128 Lincoln Mall	<u> </u>			
	Suite, 300	<u>                                      </u>			
	Lincoln   NE	68508    -			
	CITY STATE	ZIP CODE			
Title or Position  [Treasurer	Telephone number				

CITY

ZIP CODE

STATE

Mailing Address

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